

**Director's Report to the
Center for Substance Abuse Treatment's
National Advisory Council
[June through August 2006]**

**H. Westley Clark, M.D., J.D., M.P.H.
Director**

TABLE OF CONTENTS

Director's Highlights	3
Highlights of CSAT Activities by SAMHSA Matrix Area	6
Substance Abuse Treatment Capacity	6
Co-Occurring Disorders.....	18
Criminal Justice	19
Children and Families	20
HIV/AIDS and Hepatitis.....	21
Disaster Readiness and Response	22
Appendix A.....	23
CSAT's 2006 Grant Awards.....	23
Appendix B	24
2006 Grants Program Descriptions & Awardees.....	24
Appendix C	31
Preview Of CSAT's Anticipated FY 2007 Funding Opportunities	31

Director's Highlights

Status of FY 2006 Budget. Execution of the FY 2006 budget is rapidly drawing to a successful close. During the fourth quarter, two important systems changes began implementation at SAMHSA, both of which will be effective for the new fiscal year: 1) processing of grants through the NIH IMPACT II system; and 2) conversion of SAMHSA to the HHS Unified Financial Management System (UFMS) for all cost accounting functions. Because of these changes, end-of-year activities were on an accelerated schedule to award all continuation and new treatment services grants by mid-September, and training of designated staff on the UFMS was scheduled and completed by the end of August.

Status of FY 2007 Budget. The final SAMHSA FY 2007 budget appropriation is uncertain at this time, primarily due to the Congressional summer recess, and the fact that little additional work on the appropriation is expected prior to the fall elections. We expect to begin FY 2007 with a Continuing Resolution, and we anticipate that Congress will not complete passage of the Labor, HHS, and Education appropriations until December at the earliest. It is possible that an appropriation will not be completed until after the new 110th Congress convenes in January 2007.

Displayed in the chart below are recommendations of the House and Senate appropriations committees, as published in their respective reports, H. Rept. 109-515 and S. Rept. 109-287. Both the House and Senate committees rejected the President's request for \$70 million in funding to continue the Access to Recovery (ATR) program, which uses vouchers to provide treatment and recovery support services; however, both panels did support the request for a \$25 million methamphetamine treatment initiative. While the Administration's methamphetamine proposal called for the use of vouchers, the congressional versions would leave the choice of financing mechanisms to the grantees. Vouchers would not be required.

FY 2007 Budget Request (dollars in millions)

Budget Line	FY 2005 Actual	FY 2006 Enacted *	FY 2007 President's Request	FY 2007 House Committee Mark	FY 2007 Senate Committee Mark
Programs of Regional and National Significance	\$422.4	\$398.7	\$375.4	\$326.7	\$342.7
SAPT Block Grant	\$1,775.6	\$1,757.4	\$1,758.6	\$1,834.0	\$1,788.6
Total CSAT	\$2,198.0	\$2,156.1	\$2,134.0	\$2,160.7	\$2,131.3

* FY 2006 reflects the Secretary's recent program transfer to CMS.

Status of FY 2008 Budget. The HHS Budget Submission was accomplished in June, followed by defense of the FY 2008 budget before the Secretary's Budget Council in mid-July. The final Department "passback" for preparation of the FY 2008 OMB Budget Submission was received in early August. Staff in CSAT's Office of Program Analysis and Coordination (OPAC) participated in the development of the OMB phase of the SAMHSA budget, which was submitted to OMB on September 11.

Prescription Drug Abuse - Open Dialogue II. On July 17, the Director met with representatives from the pharmaceutical industry in an open dialogue meeting. This was the second in a series of meetings designed to bring together officials from SAMHSA and CSAT with representatives from pharmaceutical companies that manufacture or distribute controlled substances, along with experts in risk management and others, in a forum that facilitates open exchange of information. This dialogue provided a unique opportunity for a discussion of innovative approaches to preventing and remedying prescription drug diversion and abuse. Attendees included CEOs and Vice Presidents from companies such as TheraQuest Biosciences, Inc., McNeil Consumer & Specialty Pharmaceuticals, Abbott Laboratories, Johnson & Johnson and the National Pharmaceutical Council.

Substance Abuse, Mental Health and Pathological Gambling. On August 17, Dr. Clark represented SAMHSA in Kansas City, MO, to participate in the 2006 Midwest Conference on Problem Gambling and Substance Abuse. In general, the associations between pathological gambling and other psychiatric disorders are quite strong. With some exceptions, all mood disorders have a strong relationship to pathological gambling. Dr. Clark emphasized the importance to address the needs of special populations such as older adults, college students, grade, middle, and high school students. He also discussed ways in which the States, through the National Council of Legislators from Gaming States and Non-Profit Organizations, could seek ways to address problem gambling. CSAT has supported a NASADAD Study for Treatment of Pathological/Problem Gambling and the Role of States and Other Agencies.

National Alcohol & Drug Addiction Recovery Month Kickoff and Release of the 2005 National Survey on Drug Use and Health. On September 7, Dr. Clark joined John Walters, Director, White House Office of National Drug Control Policy (ONDCP), Assistant Surgeon General Eric Broderick, D.D.S., M.P.H., Acting Deputy Administrator of SAMHSA, a person in recovery from methamphetamine abuse and another recovering from prescription drug abuse to celebrate the beginning of Recovery Month 2006 and the release of the NSDUH 2006. The event ushered in a month long observance lauding the gains made by those in recovery from alcohol and drug abuse, as well as treatment providers.

Drug Addiction Treatment Act of 2000. On August 3, Dr. Clark attended a symposium at the Russell Senate Office Building to present the results of the SAMHSA/CSAT evaluation of the Buprenorphine Waiver Program. The study consisted of 3 surveys—SAMHSA surveyed over 1,000 addiction specialists who were most likely to adopt a new innovation in their field; over

1,800 physicians with waivers; and 433 patients who had been inducted on buprenorphine at 132 sites. The study supports findings that buprenorphine has proven to be safe and effective in real-life practice settings beyond traditional opioid treatment programs. Additionally, the study did not report any negative public health consequences of concern. SAMHSA will continue to work with professional associations to train physicians and to update materials.

Highlights of CSAT Activities by SAMHSA Matrix Area

Substance Abuse Treatment Capacity

SAMHSA's Action Plan Long Term Goals: *Increase the number of treatment programs using effective treatment practices. Increase the percentage of people with substance abuse problems who receive treatment. Improve treatment outcomes for people receiving services.*

Access to Recovery. The 15 ATR grantees have received their third year awards from SAMHSA to continue their efforts to provide clinical and recovery support services to eligible clients who seek treatment. In August, all ATR grantees entered into the third and last year of their ATR projects. The ATR program has exceeded its target of 62,500 clients served for the reporting period ending June 30, 2006. Over 92,500 clients have been served by ATR, representing 48% more clients than were originally targeted. Recovery support services have played a large role in the program. Over 63% of the clients for whom status and discharge data are available have received recovery support services. Approximately 48% of dollars redeemed were for recovery support services. Faith- and community-based organizations play a major role in providing either clinical treatment or recovery support services or both for the program. About 24% of the dollars have been redeemed directly by faith- and community-based organizations to provide these services to clients. Additionally, approximately 62% of the dollars redeemed by faith- and community-based organizations were devoted to recovery support services.

ATR Summer Grantee Conference. The conference was held July 26-28 in San Francisco, CA. Nearly 200 attendants participated in the meeting, including ATR grantees, faith-based community organization (FBO) liaisons/coordinators, SAMHSA/CSAT staff, Department of Labor grantees, and representatives from other Federal agencies. Topics addressed included: successful ATR strategies for achieving outcomes; overview of the prisoner re-entry program; ATR administrative management strategies; program enhancements to support outcomes; and enhancing FBO involvement and outcomes.

Addiction Technology Transfer Centers (ATTC). A Federal Register notice requesting stakeholder input on the ATTC program was published on July 26. The notice asked for comments on the roles, functions, and responsibilities of the 14 ATTC regional centers and national office. Comments were due to CSAT by September 11. Analysis of the comments will help inform a new ATTC RFA, which is expected to be published in December 2006 or January 2007.

American Indian/Alaska Native Activities. On August 8-10, SAMHSA/CSAT sponsored an American Indian/Alaska Native grant writing workshop in Santa Fe, New Mexico. The goal of the workshop was to help tribes and tribal organizations better understand SAMHSA/CSAT funding announcements, called Requests for Applications (RFAs), and to provide assistance in how to develop effective pre-planning strategies, how to establish networks and partners, and how to navigate www.grant.gov.

The College on Problems of Drug Dependence (CPDD) Satellite Session. In June, CSAT conducted a satellite session on Relapse Prevention in Scottsdale, Arizona, prior to the annual CPDD meeting. CSAT provided funding for 30 substance abuse professionals and six students (Primm-Singleton fellows) nationally to attend the satellite session and the CPDD conference.

E-Therapy. On August 21, 2006, SAMHSA/ CSAT convened a meeting of expert practitioners and SAMHSA staff to develop a white paper on e-therapy. This document will serve as guidance to practitioners, substance abuse counselors and other clinicians in rural and urban areas who treat substance abusers.

Financing. In the July addition of the Journal of Substance Abuse Treatment, an article from the Spending Estimates Project was published entitled, *Characterizing Substance Abuse Providers Who Treat Adolescents* by Tami L. Mark, Xue Song, Rita Vandivort, Sarah Duffy, Jutta Butler, Rosanna Coffey, Vernon F. Schabert. The article used NSSATS data in a preliminary analysis of program aspects of substance abuse treatment facilities serving more adolescents, indicating that although facilities accepted many with co-occurring conditions, there was often little specialized programming to address conditions such as of mental illnesses, HIV or pregnancies. SAMHSA's Office of Communications has disseminated a press release, and the article has received wide attention.

National Registry of Evidence-Based Practices and Programs (NREPP). SAMHSA announced the FY 2007 NREPP review priorities and application submission procedures for mental health and substance abuse prevention and treatment programs and practices in the June 30 Federal Register.

Recovery Communities Services Program (RCSP). The RCSP grantee meeting was held July 10-12 in Arlington, VA. Program managers and peer leaders from the 28 grant projects attended the meeting, which was divided into a management track and a peer leadership track.

Screening, Brief Intervention, Referral, and Treatment (SBIRT). In collaboration with the American College of Surgeons Committee on Trauma, CSAT developed a SBIRT Tool Kit that will ultimately be disseminated to trauma surgeons.

The Center for Medicare and Medicaid Services (CMS) approved CSAT's request for Healthcare Common Procedure Coding System (HCPCS) codes for screening and brief intervention. The benefit of an HCPCS code is that it allows tracking of SBIRT nationally for quality improvement and education. Additionally the code allows the provider to bill Medicare and Medicaid for the SBIRT services provided. This is great news for sustainability of SBIRT. Also, a consideration by the American Medical Association (AMA) to add two Common Procedure Terminology (CPT) codes for SBIRT is in process. CPT codes are used to bill commercial insurance companies. However, there is a good possibility that AMA will recommend using existing codes.

Partners for Recovery (PFR) Initiative. PFR is a collaboration of communities and organizations mobilized to help individuals and families achieve and maintain recovery, and lead fulfilling lives. In a concerted effort to promote and support the mission, goals, and objectives of SAMHSA, PFR is continuing activities in the following areas:

- ***SAMHSA's PFR Web site.*** The PFR Web site continues to serve as a valuable resource for stakeholders in the prevention and treatment of substance use and mental health disorders, including State and Federal government officials, providers, advocates, recovering persons, their families, students and other allies. Resources have been continually added to the website, including articles on State activities related to PFR's five focus areas: recovery, cross-systems collaboration, stigma reduction, workforce development and leadership development. In June 2006, an article on Ohio's Alcohol and Other Drug Addiction Workforce Development was added to the PFR website. The website highlights current PFR activities and events, such as the "Know Your Rights" training sessions and briefings for State legislators on the outcomes of addiction treatment and approaches to monitoring performance. The PFR Web site is also now featured on the redesigned SAMHSA internet home page. In June and July of 2006, there were more than 80,000 hits on the PFR website. PFR Web site hits increased 70% from June to July.
- ***PFR Steering Committee Meeting.*** PFR held a Steering Committee meeting to coincide with the National Conference for Leaders of Addiction Services on July 23, 2006. The agenda primarily focused on two major topics: (1) addictions and mental health concerns of returning veterans; and (2) adopting a recovery paradigm within the addictions treatment and mental health fields. Steering Committee members, as recognized leaders in the field, contributed greatly to the conference through a variety of presentations and interaction with the Leadership Institute (LI) graduates.
- ***National Conference for Leaders of Addiction Services.*** On July 23-25, PFR hosted the National Conference for Leaders of Addition Services (NCLAS) in Washington, DC. NCLAS commemorated the first year of graduates of Leadership Institutes (LI) conducted by the 13 ATTCS across the Nation. The theme of the NCLAS was "*Leadership in Action.*" Conference participants included 158 LI graduates, members of the PFR Steering Committee, and many other invited guests. NCLAS provided participants with opportunities for networking and professional development. Conference speakers and contributors were drawn from current national, State, and business leaders in the addictions and mental health fields. Key speakers included Dr. Clark, Beverly Watts-Davis, Senior Advisor on Substance Abuse Policy for SAMHSA, and Charles G. Curie, SAMHSA Administrator. NCLAS highlights included workshops, a roundtable discussion, and a presentation on the "Art of Possibility" by renowned motivational speaker and Boston Philharmonic conductor Benjamin Zander. Participant feedback overwhelmingly indicated that the NCLAS was a valuable experience and a great success.

- ***“Know Your Rights” Regional Training Sessions.*** PFR sponsored the second and third in a series of eight regional “Know Your Rights” training sessions in Atlanta on June 15 and in Baltimore on July 28. Regional “Know Your Rights” sessions are facilitated by the Legal Action Center, New York, NY. Key stakeholders from each participating State, including the Single State Authority for substance abuse services, an attorney and a representative of an addictions treatment provider organization or an established recovery organization, are invited to each regional session. In addition, individuals from the recovery community and other allies in the host State are invited. The purpose of the series is to train and encourage key stakeholders to sponsor and facilitate “Know Your Rights” sessions across their States, thus making information on the rights and responsibilities of persons in recovery widely available. Immediately following each “Know Your Rights” session, key stakeholders take part in a post-session debriefing during which the session is reviewed, trainer manuals are distributed, and the availability of technical assistance to support development of “Know Your Rights” sessions and related resources is explained.
- ***National Association of State Alcohol and Drug Abuse Directors (NASADAD) Annual Meeting.*** CSAT’s PFR coordinator, Donna Cotter, attended the NASADAD Annual Meeting in Albuquerque, New Mexico from June 1-3 to present on two topics: (1) recovery-oriented systems of care; and (2) the PFR/ATTC Leadership Institutes. She discussed with the Single State Authorities (SSAs) CSAT’s intent to hold regional meetings to plan and implement recovery-oriented systems of care. The SSAs were interested in the process and offered valuable suggestions. PFR also hosted a panel presentation on the PFR/ATTC Leadership Institutes. The panel included Ms. Cotter, Mike Shafer, Co-Director of the Pacific Southwest ATTC, Dr. Peter Cohen, a program mentor, and Antoinette Zurich, a program graduate.
- ***National Summit on Recovery Report & Post-Summit Activities.*** Following the National Summit on Recovery, DSI, with PFR assistance, produced a draft conference report for review, through the SAMHSA clearance process. Additionally, in accordance with recommendations from Summit participants, an inventory of programs, initiatives, publications, products and websites from a recovery-oriented perspective was completed. The inventory will serve as a tool to facilitate dialogue on how to make CSAT programs and resources more recovery-oriented. CSAT management is meeting to discuss planning and implementing recovery-oriented systems of care at the Federal and State levels.
- ***Evaluation of the ATTC Network.*** CSAT is planning to conduct an evaluation of the ATTC Network and has contracted with Abt Associates Inc. and RMC Research Corporation to develop an evaluation design. A final report for the first phase of the evaluation design project, which involved interviews with key stakeholders of the ATTC Network, a review of documents, and development of a program logic model, was

submitted to CSAT in June 2006. The second phase of the evaluation design will begin in September 2006 and extend through January 2008. This phase of the project will include refinement of the logic model, in collaboration with ATTC directors and evaluators, assisting the ATTCs to develop Center-specific logic models, instrument development and pilot testing, preparation of an OMB clearance package, and submission of a detailed evaluation plan.

- ***PFR/ATTC Leadership Institutes.*** The 2006 series of PFR/ATTC Leadership Institutes is more than 75% complete. Between June and August 2006, the Gulf Coast ATTC, Central East ATTC, Mountain West ATTC, Mid-Atlantic ATTC and Great Lakes ATTC all began this six-month leadership development program.
- ***Florida Alcohol and Drug Abuse Association (FADAA) Annual Conference.*** PFR supported the FADAA conference, which was held August 16-18, in Orlando, Florida. PFR presented on the National Summit on Recovery at a plenary morning session on August 17. Approximately 1,200 individuals attended the conference.

State Alcohol and Other Drug Systems Technical Review Project. CSAT conducted systems reviews in the states of Arkansas, Hawaii, New York, New Jersey, and Rhode Island. The systems reviews are required by statute in order for CSAT to determine States' compliance with the authorizing legislation and implementing regulations governing the Substance Abuse Prevention and Treatment Block Grant.

Effective Approaches in Methamphetamine Treatment. The second of two multi-State summits on best practices in methamphetamine treatment was held May 23-25 in Orlando, Florida, with 400 participants from the eastern half of the United States. The first summit occurred April 5-7 in Los Angeles, CA, with approximately 400 participants.

Motivational Enhancement Therapy and Cognitive Behavioral Therapy. DSCA, in collaboration with DSI delivered seven Motivational Enhancement Therapy/Cognitive Behavioral Therapy 5 Sessions to approximately 250 clinicians and clinical supervisors being trained on this evidence-based practice. The sessions were held in Washington, DC; Philadelphia, PA; Albuquerque, NM; Chicago, IL; San Francisco, CA; Westminster, CO; and Silver Spring, MD

21st Annual National Rural Institute on Alcohol and Drug Abuse. The Institute was held on June 4-8 in Menominee, WI. CSAT provided scholarships to 63 participants to support the understanding of rural and frontier issues as unique challenges to the delivery of service. Issues which were highlighted include; drug court development, workforce retention, case management and collaboration, and services for special populations.

Indian Health Service (IHS)/SAMHSA National Behavioral Health Conference. The conference was held June 5-8 in San Diego, CA. CSAT provided scholarships to 24 participants

to highlight the importance of collaboration between the tribal entities and state authorities. Specific topics addressed include methamphetamine treatment, HIV/Aids and infectious disease and suicide prevention.

14th Annual New England School on Best Practices in Addiction Treatment. On August 21, CSAT provided support for SSA and State Methadone Authority (SMA) staff from Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont, to attend the School on Best Practices in Addiction Treatment in Waterville Valley, New Hampshire. Participants discussed the emergence of opiate abuse and dependence among adolescents.

Web Block Grant Application System. The FY 2007 Uniform Application for Substance Abuse Prevention and Treatment Block Grant funds was disseminated to the SSAs on May 30. The Web-based application for this year features an improved user interface to comply with Web usability standards, i.e., ease of use, accessibility, etc.

Performance Management. The Performance Management Technical Assistance Coordinating Center provided technical assistance to a number of States on implementing National Outcome Measures (NOMs), performance management and information based decision-making. In addition, two States received on site assessments of their readiness to collect and report NOMs and assistance was provided to help these States in their implementation efforts. In early August, a Technical Advisory Group met at SAMHSA to discuss issues and approaches to using DASIS/TEDS and other OAS datasets to address the States' Block Grant reporting requirements, once NOMs reporting becomes mandatory.

Drug Addiction Treatment Act of 2000 (DATA) Physician Waivers. As of August 31, 2006, SAMHSA has certified 8,688 physicians and 5,430 of these physicians are listed on the Buprenorphine Physician Locator System.

Opioid Treatment Program (OTP) Certification. As of August 31, 2006, there are 1,150 certified opioid treatment programs in the U.S. SAMHSA/CSAT is continuing to move forward in taking decertification actions against OTPs that have failed to achieve or sustain accreditation.

Opioid Treatment Data Systems for Disaster Planning Project - Phase II, the Pilot. The purpose of this phase of the project is to field-test a limited, internet-based electronic record system for enabling patients to access care in the event of an emergency. Software for this application has been developed with guidance provided through a series of meetings and teleconferences held with an initial planning group. The first in-person meeting of the Steering Committee was held in Washington on September 13. The Drug Enforcement Administration is now represented on the Steering Committee.

The contract was modified this summer to allow expansion of the pilot into other locations, in addition to the New York Metropolitan area. Pilot sites may also be set up in the New Orleans/Baton Rouge, Louisiana area, locations in California and the Washington/Baltimore

metropolitan area. The SAMHSA newsletter will include an article on the project and more information on D-ATM can be found at <http://datm.samhsa.gov>.

Fentanyl Overdose Deaths. Since sentinel events related to a high increase in overdose deaths from fentanyl-laced heroin were identified this spring, the Centers for Disease Control and Prevention (CDC) initiated a weekly conference call through the month of May to verify the facts of the reported increase and identify the extent of the outbreak. A CDC study of nine local or state jurisdictions has confirmed 583 fentanyl-related deaths by medical examiner investigation, from September 2005 through July 2006, where screening for fentanyl was routine. Possible and probable fentanyl-related deaths and overdoses are believed to be considerably higher.

Since June 2006, SAMHSA has continued to lead these conference calls to bring together providers and leaders within substance abuse treatment, public health, mental health, emergency care, and law enforcement at the federal, state and local levels. These calls have regularly included federal representatives, including CDC, NIDA, FDA, DEA, NDIC, ONDCP and SAMHSA, and state/local representatives in the affected states; public health departments, SSAs, poison control centers, medical examiners, and law enforcement. While the outbreak may have stabilized and declined in the mid-western states, there appears to be an increasing problem within DE and NY.

Alcohol Use Disorder Identification and Treatment. CSAT is developing a SAMHSA Treatment Improvement Protocol (TIP) for the medical management of alcohol dependence that will include the use of naltrexone, acamprosate and disulfiram in treating patients who are alcohol dependent. The TIP will also include a discussion of laboratory testing that can be used to establish the extent of physiological damage, medication safety monitoring, and possible relapse. Preceding this TIP will be an advisory specifically addressing the use of testing for indirect and direct alcohol markers. While use of testing may be under-utilized within the medical treatment of alcohol dependence, there is growing concern that some newer tests for direct markers are increasingly being used as grounds for taking adverse administrative and legal actions against individuals who have been identified as having an alcohol use disorder. The advisory will describe tests currently available and their evidence-based use within a treatment program.

Knowledge Application Program (KAP). KAP products received the following awards for excellence:

The 2006 APEX Awards for Publication Excellence.

- **Grand Award** in One-of-a-Kind Publications Award Category - “Faces of Change”
- **Award of Excellence** in Health and Medical Writing Award Category - “Substance Abuse Relapse Prevention for Older Adults: A Group Treatment Approach”

The 2006 Communicator Awards, Print Media Competition

- **Award of Excellence** in Technical Writing Award Category - “Brief Counseling for Marijuana Dependence: A Manual for Treating Adults”
- **Award of Excellence** in Health & Medical Writing Award Category - “Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment (TIP 43)”
- **Award of Distinction** in Technical Writing Award Category - “Substance Abuse Relapse Prevention for Older Adults: A Group Treatment Approach”

The following publications will be printed this fiscal year:

- TIP 46, Substance Abuse: Administrative Issues in Outpatient Treatment
- TIP 47, Substance Abuse: Clinical Issues in Intensive Outpatient Treatment
- Spanish versions of the two Anger Management publications
- Substance Abuse in Brief fact sheet: Identifying and Helping Patients With Co-Occurring Substance Use and Mental Disorders: A Guide for Primary Care Providers
- Substance Abuse in Brief fact sheet: Pain Management Without Psychological Dependence: A Guide for Healthcare Providers
- Training curricula developed based on TIP 35, Enhancing Motivation for Change in Substance Abuse Treatment
- TAP 21, Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice (revision)
- TAP 28, The National Rural Alcohol and Drug Abuse Network Awards for Excellence, 2004—Submitted and Award-Winning Papers

United Nations Office of Demand Control H-90 Project. The Associate Director for Consumer Affairs continues to work on the H-90 project effort with the Puerto Rico Addiction Technology Transfer Centers (ATTC). A SAMHSA-sponsored addiction treatment capacity building training was held the week of August 20-26 in San Juan, Puerto Rico and 32 trainees from Central America were in attendance.

National Alcohol and Drug Addiction Recovery Month (Recovery Month) 2006. On September 7, the National *Recovery Month* kick-off was held at the National Press Club, Holeman Lounge – standing room only. John P. Walters, Director, ONDCP, Eric Broderick, SAMHSA Acting Deputy Administrator, and Dr. Clark announced the findings of the 2005 National Survey on Drug Use and Health. A Presidential proclamation was issued on August 25 and is available at <http://www.whitehouse.gov/news/releases/2006/08/20060825-2.html>.

During September, 38 SAMHSA-sponsored events will be held throughout the country including 3 statewide Recovery Rides, 15 minority-sponsored events, 10 state-wide events and 10 *Recovery Month* and Addictions Professional Days. Faces & Voices of Recovery (FAVOR) continues to get local communities involved in *Recovery Month* events and has enlisted 35 communities to host runs scheduled for September 16 throughout the country.

1st Annual SAMHSA Recovery Month Fun Walk/Run. Consumer Affairs with the support of the SAMHSA Health and Well-Being Committee is working on the 1st Annual SAMHSA Recovery Month Fun Walk/Run, scheduled for September 27. The 3-mile fun walk/run will start at 1 Choke Cherry Road and continue throughout the King Farm neighborhood.

Recovery Month Toolkits. All 75,000 Recovery Month toolkits have been distributed.

2006 Public Service Announcements (PSAs). Distribution of television 2006 PSAs began on June 28 to stations throughout the country, distribution of radio PSAs began on July 5 and are ongoing.

Tracking for the 2006 PSAs began on July 13, 2006. For the period of July 13 – August 16 the PSAs received the following plays: Television: 23,547,588 viewer impressions, estimated at \$224,326 in free airtime and accounting for 12.74 broadcast hours; Radio: 166,896,580 listener impressions, estimated at \$1,248,799 in free airtime and accounting for 184.16 broadcast hours.

Recovery Month is collaborating with the National Association for Broadcasters (NAB). The NAB issues a special public affairs kit to all radio and TV member stations and the campaign effort continues to be highlighted on the NAB Web site for electronic downloading by stations.

2006 Recovery Month Web site. The trailer for the September Recovery Month Web cast was sent automatically to all subscribers that have opted to participate in a new podcasting service. The new effort aims to target youth and young adults. More information on podcasting is available at <http://www.recoverymonth.gov/2006/multimedia/podcasting.aspx>

Recovery Month Outcomes. As of September 12, 2006, there were more than 451 events, 82 proclamations and 50 Voices for Recovery posted on the 2006 *Recovery Month* Web site.

June 2006

- 66,903 unique visitors
 - 0.4% more than previous month
 - 83% more than previous year
- 16.2% of unique visitors visited more than once
- Average visit length was 16 minutes, 26 seconds
- 131,823 visits
 - 1% more than previous month
 - 77% more than previous year
- 43,972 visits (www.recoverymonth.gov/2006)
 - 22% more than previous month
 - 66% more than previous year (compared to 2005 site)
- 1,245,649 hits (www.recoverymonth.gov)
 - 19% more than previous month
 - 33% more than previous year

- 366,858 hits (www.recoverymonth.gov/2006)
 - 27% more than previous month
 - 23% more than previous year (compared to 2005 site)
- 807 Web cast views
- 54 events were submitted
- 7 Voices for Recovery stories were submitted
- 12 proclamations were submitted
- The “e-mail this page” feature was used 2 times
- The “contact us” feature was used 54 times

July 2006

- 82,232 unique visitors
 - 22% more than previous month
 - 103% more than previous year
- 19% of unique visitors visited more than once
- Average visit length was 16 minutes, 8 seconds
- 154,540 visits (www.recoverymonth.gov)
 - 17.2% more than previous month
 - 81.4% more than previous year
- 71,429 visits (www.recoverymonth.gov/2006)
 - 62.4% more than previous month
 - 84.3% more than previous year (compared to 2005 site)
- 1,422,865 hits (www.recoverymonth.gov)
 - 14.2% more than previous month
 - 39.7% more than previous year
- 520,409 hits (www.recoverymonth.gov/2006)
 - 42% more than previous month
 - 34.3% more than previous year (compared to 2005 site)
- 1,724 Web cast views
- 70 events were submitted
- 5 Voices for Recovery stories were submitted
- 10 proclamations were submitted
- The “e-mail this page” feature was used 4 times
- The “contact us” feature was used 60 times

August 2006

- 119,587 unique visitors
 - 45% more than previous month
 - 119% more than previous year
- 16% of unique visitors visited more than once
- Average visit length was 13 minutes, 56 seconds
- 215,648 visits (www.recoverymonth.gov)

- 40% more than previous month
 - 89% more than previous year
- 133,235 visits (www.recoverymonth.gov/2006)
 - 87% more than previous month
 - 113% more than previous year (compared to 2005 site)
- 2,696,227 hits (www.recoverymonth.gov)
 - 89% more than previous month
 - 55% more than previous year
- 968,302 hits (www.recoverymonth.gov/2006)
 - 86% more than previous month
 - 18% more than previous year (compared to 2005 site)
- 1,578 Web cast views
- 207 events were submitted
- 6 Voices for Recovery stories were submitted
- 33 proclamations were submitted
- The “e-mail this page” feature was used 1 time
- The “contact us” feature was used 33 times

2006 Road to Recovery Web cast Series. National Cable and Telecommunications Association (NCTA) is promoting the Road to Recovery Web cast Series. They are interested in the radio versions of the Web casts as well. Work to convert the 2006 series to a 30-minute radio format is underway.

Aired Web casts include the following:

- *At the Crossroads: Examining the Intersection of Care for Persons With Mental and Substance Use Conditions* – (Premiere: Wednesday, September 6, 2006)
- *The Addiction Treatment Workforce: Where We Are, Why We're Here, and Where We Need to Be* – (Premiered: Wednesday, August 2, 2006)
- *Addiction and the Justice System: Deciphering the Maze* – (Premiered Wednesday, July 5, 2006)
- *Building a Stronger, Healthier Community: A National Showcase of Events* – will premiere on Wednesday, November 1, 2006. The Web cast will look at the tremendous educational and awareness raising events conducted in communities large and small as the country came together to build a stronger, healthier community.

Recovery Month 2007. The *Recovery Month* planning partners met on September 6 and continued work on the development of the *Recovery Month* 2007 kit.

What Anabolic Steroids Can Do to Your Health. This collaboration with Major League Baseball and other partners, entitled, “What Anabolic Steroids Can Do to Your Health,” is intended to familiarize adolescent students, their teachers, mentors, and student-athletes with the health effects associated with steroid misuse. The contract was awarded on July 17 to W Communications, a firm based in Salt Lake City, UT, and calls for student assemblies to be

convened at as many as 10 high schools. Assembly speakers will include professional athletes, health care providers and others.

Non-Denominational Individual and Family Recovery Training. Clergy outreach trainings have been scheduled in the Baltimore-Washington metropolitan area for November 14 and in Jackson, MS, for October 3. The project acquaints clergy leaders across denominations with substance use disorders, treatment and recovery and trains clergy to better assist congregants and families in need of addiction treatment interventions. The project is a collaboration of SAMHSA/CSAT and the National Association for Children of Alcoholics (NACoA). Each event will feature national experts introducing the knowledge and skills in the *Core Competencies for Clergy and Other Pastoral Ministers In Addressing Alcohol and Drug Dependence and Its Impact on Family Members* and will address strategies and materials for educating congregants.

Medication Assisted Treatment Consumer Education. CSAT is printing an additional 75,000 copies of “Introduction to Methadone” and another 25,000 copies of the “Medication Assisted Treatment Bulletin.” The publications are products of the Patient Support and Community Education Project, through which SAMHSA/CSAT works with representatives of patient advocacy organizations to further public understanding of medication-assisted therapy. At the same time, SAMHSA/CSAT will print and distribute an informational poster with the theme “Medication Assisted Treatment is Recovery.” Plans call for the poster to be provided to licensed opioid treatment programs (OTPs), State Methadone Authorities, and Single State Agencies.

SAMHSA’s National Helpline, 1-800-662-HELP. New voice recordings of the approved automated message will be re-recorded with Consumer Affairs input working with the new SHIN contractor. The new contractors have reported that 11,949 calls were received to 1-800-662-HELP hotline from July 15 – July 31.

Co-Occurring Disorders

SAMHSA's Action Plan Long Term Goals: Increase the percent of persons with or at risk for co-occurring disorders who receive prevention and appropriate treatment services that address both disorders. Increase the percentage of persons who experience reduced impairment from their co-occurring disorders following appropriate treatment.

National Health Information Infrastructure Initiative (NHII). In collaboration with the Center for Mental Health Services, CSAT has increased involvement in the development of National Standards for Electronic Health Records (EHRs). These standards support the President's plan to deploy interoperable EHR systems nationwide by 2014. Our primary goal is to enable sharing of behavioral health electronic records with medical doctors and other providers who serve behavioral health clients. Our immediate concern is to protect and extend the consent requirements of 42 CFR Part 2 for any re-disclosure of sensitive personal information. Longer term we are developing conformance standards for the certification of commercial, behavioral health electronic record systems.

HHS Confidentiality, Privacy and Security (CPS) Workgroup. CSAT is representing SAMSHA on the CPS workgroup of the Secretary's Federal Advisory Committee, the American Health Information Community (AHIC). Behavioral health will also be represented by a SAMHSA-nominated SSA policy/technology expert who will serve as a full member of the CPS workgroup. This committee's work will be critical to the integration of substance abuse and mental health confidentiality requirements into the fundamental architecture of the nation-wide electronic health system.

Criminal Justice

SAMHSA's Action Plan Long Term Goals: To increase access to quality, evidence-based substance abuse and mental health prevention, early intervention, clinical treatment, and recovery support services for adults and juveniles in contact with or involved with the justice system.

12th Annual Training Conference for the National Association of Drug Court Professionals (NADCP). CSAT provided support for the conference held in Seattle, Washington, June 21-24. Noteworthy events included the largest number of participants at this annual conference (3,000); the announced resignation of Karen Freeman Wilson, NADCP Executive Director, effective in November; and the last speech to the group by SAMHSA Administrator Curie.

Children and Families

SAMHSA's Action Plan Long Term Goals: Increase capacity of States and communities to provide an integrated continuum of services and supports for children and their families. Increase number of children who receive quality mental health and substance abuse services and support from community-based providers who achieve positive outcomes.

CSAT Women's Treatment Conference. On July 12–14, CSAT, in partnership with the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA), convened “A National Conference on Women, Addiction, and Recovery: News You Can Use,” at the Hyatt Regency Hotel in Orange County, California. A total of 491 people attended the conference. Overall, the conference was a great success, as evidenced by comments and feedback received. The conference evaluations indicated that almost every session was highly regarded, and participants gained valuable information to help them address the treatment needs of women with substance use disorders and their families. The overall mean score for all sessions (plenaries plus breakouts) was an outstanding 4.48, based on a rating scale of 1 (poor) to 5 (excellent). We attribute the overall success of the conference to several important factors—many of which we identified and replicated from the 2004 national women's conference. Elements of success included:

- Interagency collaboration among CSAT, NIDA and NIAAA: The collective expertise of the conference planning committee, which included representatives of all three agencies, was instrumental in creating an excellent training opportunity.
- The high caliber of speakers featured in the plenary, miniplenary and workshop sessions.
- The wide range of important and timely topics offered in the 28 breakout sessions.
- The overall smooth flow of the conference event, thanks to extensive preparation, thorough planning and continued onsite attention to participants' and speakers' needs by all involved.

CSAT Contractor Wins Award. For the past four years, CSAT and the Administration for Children, Youth and Families (ACYF), Children's Bureau, have co-funded the National Center for Substance Abuse and Child Welfare (NCSACW), a program managed by CSAT. The Center for Children and Family Futures (CCFF), directed by Dr. Nancy Young, operates the NCSACW under contract. This year, in recognition of the outstanding work of the National Center, CCFF was awarded the “ACF Assistant Secretary's 2006 Outstanding Contractor Award.” This is an important accomplishment that reflects well on our inter-agency work with ACYF.

HIV/AIDS and Hepatitis

SAMHSA's Action Plan Long Term Goal: Increased access to prevention and treatment services for individuals with or at risk for HIV/AIDS and Hepatitis due to substance abuse and mental health disorders, with a particular emphasis on reaching minority populations disproportionately affected by the HIV/AIDS epidemic.

Hepatitis A and B Vaccination Immunization Demonstration Project. This project is a one year pilot program to provide vaccine against hepatitis A virus (HAV) and hepatitis B virus (HBV) infections to individuals at-risk for or infected by HIV or hepatitis C virus (HCV) in substance abuse treatment settings. The pilot program recruited substance abuse treatment programs that serve minority populations, including OTPs, office-based programs using buprenorphine (BUP) treatment for opioid addiction, and SAMHSA Minority AIDS Initiative Targeted Capacity Expansion (TCE) grantees that reported having the capacity to provide vaccinations to clients to participate. As of July 2006, 40 programs were enrolled, including 20 OTPs, 5 HRSA funded Special Programs of National Significance (SPNS) HIV primary care providers, and 15 SAMHSA grantee programs, located at approximately 65 sites over 20 states. The project provided for a contract to purchase and distribute 43,950 doses of the combination hepatitis A and B vaccine (Twinrix® , a 3-dose vaccine series) to participating sites at no cost to offer to clients 18 years and older seeking substance abuse services. An evaluation of the project, to include assistance to projects in tracking vaccine delivery and coverage with the 3-dose series for their clients, will report out next year.

Disaster Readiness and Response

SAMHSA's Action Plan Long Term Goal: Reduce the behavioral health consequences of terrorism and other disasters.

Pandemic Influenza. CSAT staff began working with other SAMHSA employees on the development of SAMHSA's Continuity of Operations Plan for Pandemic Influenza. Each operating division within HHS is responsible for developing a continuity of operations plan that would allow SAMHSA to continue to fulfill essential operations under a pandemic scenario. SAMHSA anticipates having the plan completed and submitted to the Department by early fall.

Appendix A

CSAT's 2006 Grant Awards*

Program Name & Announcement Number	Total Funding	Number of Awards
Screening, Brief Intervention, Referral and Treatment (SBIRT) TI-06-002	\$10.8 million	4
State Infrastructure Grants for Tx. of Persons with Co-Occurring Substance and Mental Disorders (COSIG) TI-06-003	\$2.1 million	2
Recovery Community Services Program (RCSP) TI-06-004	\$2.5 million	7 (4 RCO, 3FO)
Grants to Benefit Homeless Individuals (GBHI) TI-06-005	\$9.0 million	23
Strengthening Access & Retention –State Implementation (STAR-SI) TI-06-006	\$2.2 million	7
Family Centered Tx. for Adoles. & their Families TI-06-007	\$4.5 million	15
Pregnant & Postpartum Women (PPW) TI-06-008	\$3.4 million	8
Targeted Capacity Expansion Program for Substance Abuse Tx. & HIV/AIDS Services (TCE/HIV) TI-06-010	\$5 million	10
ATTC Supplements TI-06-012	\$6.3 million	15
Family and Juvenile Tx. Drug Courts TI-05-05	\$3.3 million	9 (7 Juvenile/2 Family)
Targeted Capacity Expansion (TCE-Rural/Meth) TI-05-003	\$3.4 million	7
Knowledge Dissemination Conference Grants PA-05-001	\$75,000	2

**Details in Appendix B*

Appendix B

2006 Grants Program Descriptions & Awardees

TARGETED CAPACITY EXPANSION – RURAL GRANTS (TCE-METHAMPHETAMINE AND OTHER EMERGING DRUGS IN ADULT, RURAL POPULATIONS)

CSAT awarded 7 grants to provide funding to States, units of local government, Indian Tribes and tribal organizations to expand and/or enhance the community's ability to provide a comprehensive, integrated and community-based response to a targeted, well documented substance abuse treatment capacity problem and/or improve the quality and intensity of services. This TCE program will fund projects for treatment focused on methamphetamine and other emerging drugs in adult rural populations. The grantees include:

Kentucky Justice & Public Safety Cabinet	Frankfort	KY	\$500,000
Yamhill County Chemical Dependency	McMinnville	OR	\$495,674
Yolo County	Woodland	CA	\$500,000
Administrative Office of the Courts	Atlanta	GA	\$369,782
City of Cedar Rapids Development Department	Cedar Rapids	IA	\$499,969
Illinois Department of Children & Family Services	Springfield	IL	\$500,000
Virginia Department of MH, MR & SA	Richmond	VA	\$500,000

FAMILY TREATMENT DRUG COURTS

CSAT awarded 2 grants to provide funding to domestic public and private nonprofit entities and individual treatment drug courts to provide alcohol and drug treatment, wrap-around services supporting substance abuse treatment, assessment, case management, and program coordination to those in need of treatment drug court services. The Family Treatment Drug Court program is designed for parents with substance use disorders who have abused or neglected their children. The intent is to eliminate the parental substance use in order to establish a healthy home environment in which to return children whom the court has previously removed. The grantees include:

Pima County Juvenile Court Center	Tucson	AZ	\$399,995
Administrative Office of the Court	Tampa	FL	\$399,854

JUVENILE TREATMENT DRUG COURTS

CSAT awarded 7 grants to provide funding to domestic public and private nonprofit entities and individual treatment drug courts to provide alcohol and drug treatment, wrap-around services supporting substance abuse treatment, assessment, case management, and program coordination to those in need of treatment drug court services. The Juvenile Treatment Drug Court program

specifically targets delinquent adolescents with substance use disorders or co-occurring disorders. The grantees include:

CAB Health & Recovery Services, Inc.	Peabody	MA	\$399,643
Big Horn County Juvenile Drug Court	Basin	WY	\$119,636
Santa Clara County Superior Court	San Jose	CA	\$397,000
Wayne County Third Circuit STAND Program	Detroit	MI	\$400,000
Philadelphia Health Management Corporation	Philadelphia	PA	\$400,000
Travis County Juvenile Court	Austin	TX	\$400,000
Phoenix Houses of New England, Inc.	Providence	RI	\$391,140

KNOWLEDGE DISSEMINATION CONFERENCE GRANT PROGRAM

CSAT awarded 2 conference grants to support the convening of regionally and/or nationally significant conferences related to substance abuse early intervention and treatment innovations. The maximum conference grant award is \$50,000 for a 12-month project period. Only direct costs are funded under this program. The grantees include:

Board of Regents University of Nevada	Reno	NV	\$37,492
Title: <i>Woman's Alliance to Strengthen Treatment Access and Retention</i>			
Douglas County Community Services Board	Smyrna	GA	\$37,500
Title: <i>Spanning Service and Science: The Common Purpose of Methamphetamine Treatment</i>			

SCREENING, BRIEF INTERVENTION, REFERRAL AND TREATMENT COOPERATIVE AGREEMENTS (SBIRT)

CSAT awarded 4 cooperative agreements to States to expand and enhance state substance abuse treatment systems to include screening, brief intervention, referral and brief treatment (SBIRT) in general medical and other community settings. The grants will support clinically appropriate services for persons at risk for or diagnosed with a substance use disorder. They will also support the identification of systems and policy changes that will increase access to treatment in generalist and specialist settings. The grantees include:

Colorado State Office of the Governor	Denver	CO	\$2,800,000
Florida State Office of the Governor	Tallahassee	FL	\$2,800,000
Wisconsin State Office of the Governor	Madison	WI	\$2,363,458
Massachusetts State Department of Public Health	Boston	MA	\$2,800,000

STATE INCENTIVE GRANTS FOR PERSONS WITH CO-OCCURRING SUBSTANCE RELATED AND MENTAL DISORDERS (COSIG)

CSAT awarded 2 grants to States to enhance infrastructure to increase capacity to provide accessible, effective, comprehensive, coordinated/integrated, and evidence-based treatment services to persons with co-occurring substance abuse and mental health disorders. The program has two phases: Phase I - The first three years of a grant focus on infrastructure development/enhancement. This phase may also include service pilots. Phase II - An additional two years of funding will be provided at a lower level for evaluation and continued collection/reporting of performance data. The grantees include:

Minnesota State Department of Human Services	St. Paul	MN	\$1,050,000
South Carolina State Governor's Office	Columbia	SC	\$1,049,038

PROJECTS TO DELIVER AND EVALUATE PEER-TO-PEER RECOVERY SUPPORT SERVICES (RECOVERY COMMUNITY SERVICES PROGRAM-RCSP)

CSAT awarded 7 grants to provide funding to domestic public and private nonprofit entities to deliver and evaluate peer-to-peer recovery services to help prevent relapse, promote timely re-entry into treatment when relapse occurs, and promote sustained recovery and an enhanced quality of life for its participants. The services are expected to extend the continuum of recovery by offering peer-led recovery support services that are responsive to community needs and strengths. The 7 awards include 4 Recovery Community Organizations (RCOs) and 3 Facilitating Organizations (FOs). RCOs are organizations comprised of and led primarily by people in recovery and their family members. FOs may not necessarily be comprised primarily of people in recovery. FOs host a peer-run recovery support service program and ensure that people in recovery are involved in all aspects of program. The grantees include:

Tohono O'odham Nation (FO)	Sells	AZ	\$350,000
Pima Prevention Partnership (FO)	Tucson	AZ	\$350,000
Center for Community Alternatives (FO)	New York	NY	\$350,000
NAMA (RCO)	New York	NY	\$349,998
El Paso Alliance, Inc. (RCO)	El Paso	TX	\$350,000
Oklahoma CART Association (RCO)	Oklahoma City	OK	\$350,000
Recovery Consultants of Atlanta, Inc. (RCO)	Atlanta	GA	\$350,000

GRANTS FOR THE DEVELOPMENT OF COMPREHENSIVE DRUG/ALCOHOL AND MENTAL/HEALTH TREATMENT SYSTEMS FOR PERSONS WHO ARE HOMELESS

CSAT awarded 23 grants to provide funding to community-based public and private nonprofit entities to enable communities to expand and strengthen their treatment services for homeless individuals with substance abuse disorders, mental illness, or with co-occurring substance abuse disorders and mental illness. By statute, States are not eligible for this program.

The grantees include:

Clare Foundation, Inc.	Santa Monica	CA	\$400,000
Baltimore Homeless Services, Inc.	Baltimore	MD	\$400,000
Postgraduate Center for Mental Health	New York	NY	\$399,828
Coastal Behavioral Healthcare, Inc.	Sarasota	FL	\$400,000
County of Ventura	Ventura	CA	\$400,000
Contra Costa County Health Services Department	Martinez	CA	\$399,736
Pine Street Inn, Inc.	Boston	MA	\$400,000
Gateway Community Services, Inc.	Jacksonville	FL	\$400,000
People in Progress	Los Angeles	CA	\$392,190
Health Services Center, Inc.	Anniston	AL	\$400,000
Community Connections, Inc.	Washington	DC	\$399,386
East Bay Community Recovery Project	Oakland	CA	\$400,000
Ridgeview Psychiatric Hospital and Center	Oak Ridge	TN	\$400,000
Mental Health Center of Denver	Denver	CO	\$400,000
Meta House, Inc.	Milwaukee	WI	\$400,000
Counseling Center of Lake View	Chicago	IL	\$399,730
Village Virgin Islands Partners/Recovery	Sunny Isles	VI	\$400,000
Broward County Board/County Commissioners	Ft. Lauderdale	FL	\$301,113
New Directions, Inc.	Los Angeles	CA	\$400,000
Friends of the Shattuck Shelter	Jamaica Plain	MA	\$384,142
South Texas Substance Abuse Recovery Services	Corpus Christi	TX	\$400,000
Integrated Life Center, Inc.	Stone Mountain	GA	\$352,356
Hope Action Care	San Antonio	TX	\$400,000

GRANTS FOR STRENGTHENING TREATMENT ACCESS AND RETENTION – STATE IMPLEMENTATION (STAR-SI)

CSAT awarded 7 grants to provide funding to States, the District of Columbia, territories, federally recognized Tribes and tribal organizations to promote State-level implementation of process improvement methods to improve access to and retention in outpatient treatment. States are in a unique position to effect systems change by working together with outpatient substance abuse treatment providers to remove system barriers, streamline administrative procedures, provide incentives and assist provider networks in their efforts to improve access and retention performance outcomes. The grantees include:

Iowa Department of Public Health	Des Moines	IA	\$324,896
Maine State Department of Health & Human Services	Augusta	ME	\$325,000
Wisconsin State Department of Health & Family Services	Madison	WI	\$287,744
Illinois State Department of Human Services	Chicago	IL	\$325,000
Florida State Department of Children & Families	Tallahassee	FL	\$325,000
Ohio Department of Alcohol & Drug Addiction Services	Columbus	OH	\$325,000
S.C. Dept of Alcohol & Other Drug Abuse	Columbia	SC	\$324,996

GRANTS TO PROVIDE SERVICES TO ADOLESCENTS AND THEIR FAMILIES

CSAT awarded 15 grants to domestic public and private nonprofit entities to provide services to adolescents and their families using previously proven effective practices that are family centered. Grantees are to implement the Assertive Community Reinforcement Approach and the Assertive Continuing Care treatment protocols which have proven to be effective for youth with substance use disorders and their families. These approaches are in the public domain, allow for cost-effective training of multiple staff and can be sustained after the cessation of Federal funding. The grantees include:

University of Arizona	Tucson	AZ	\$299,999
Serving Children and Adolescents in Need	Laredo	TX	\$300,000
University of Texas Health Science Center	San Antonio	TX	\$300,000
Prestera Center for Mental Health Services	Huntington	WV	\$300,000
Centerstone Community Mental Health Centers	Nashville	TN	\$300,000
Operation PAR, Inc.	Pinellas Park	FL	\$300,000
University of Arkansas Medical Sciences	Little Rock	AR	\$299,999
Southern California Alcohol/Drug Programs	Downey	CA	\$300,000
Pima Prevention Partnership	Tucson	AZ	\$300,000
LUK Crisis Center	Fitchburg	MA	\$300,000
Tarzana Treatment Centers, Inc.	Tarzana	CA	\$300,000
Institute for Health and Recovery	Cambridge	MA	\$300,000
Asian American Recovery Services, Inc.	San Francisco	CA	\$300,000
Center for Success and Independence	Houston	TX	\$300,000
Center for Drug-Free Living, Inc.	Orlando	FL	\$300,000

SERVICES GRANT PROGRAM FOR RESIDENTIAL TREATMENT FOR PREGNANT AND POSTPARTUM WOMEN (PPW)

CSAT awarded 8 grants to public and domestic private nonprofit entities to provide cost effective, comprehensive high quality residential substance abuse treatment services for pregnant and postpartum women and their minor children that can be sustained over time. The service system will address the individual needs of the target population, preserve and support the family unit, and provide a safe and healthy environment for family members. The grantees include:

Stanley Street Treatment & Resources	Fall River	MA	\$500,000
University of Arkansas Medical Sciences	Little Rock	AR	\$374,828
Heartland Family Service	Omaha	NE	\$465,699
Mental Health Systems, Inc.	San Diego	CA	\$500,000
Prototypes	Culver City	CA	\$500,000
Village South, Inc.	Miami	FL	\$250,000
Walden House, Inc.	San Francisco	CA	\$434,311

LifeWorks Northwest	Portland	OR	\$500,000
---------------------	----------	----	-----------

**TARGETED CAPACITY EXPANSION PROGRAM FOR SUBSTANCE ABUSE
TREATMENT AND HIV/AIDS SERVICES (TCE/HIV)**

CSAT awarded 10 grants to enhance and expand substance abuse treatment and/or outreach and pretreatment service in conjunction with HIV/AIDS services in African American, Latino/Hispanic, and/or other racial or ethnic communities highly affected by the twin epidemics of substance abuse and HIV/AIDS. The grantees include:

Long Island Association for AIDS Care	Hauppauge	NY	\$500,000
St. Luke's-Roosevelt Institute for Health Sciences	New York	NY	\$499,999
University of Arizona	Tucson	AZ	\$500,000
Center for Community Alternatives	New York	NY	\$500,000
Osborne Association	Long Island City	NY	\$497,280
Heritage Health & Housing, Inc.	New York	NY	\$500,000
Neighborhood House, Inc.	Seattle	WA	\$500,000
Tapestry Health, Inc.	Florence	MA	\$500,000
Health Services Center, Inc.	Anniston	AL	\$500,000
COPE Behavioral Health Services, Inc.	Tucson	AZ	\$495,623

**PROGRAM SUPPLEMENTS FOR THE ADDICTION
TECHNOLOGY TRANSFER CENTERS (ATTCs)**

The current network of 15 Addiction Technology Transfer Center (ATTC) projects was funded in two cohorts. The first cohort of seven projects, funded in FY 2001, was scheduled to end on September 29, 2006. The second cohort of seven projects and the National Office, funded in FY 2002, were scheduled to end March 31, 2007. CSAT has aligned the two cohorts in preparation for the new funding cycle, to begin September 29, 2007, after a full and open competition for new grant awards to be conducted in FY 2007. To accomplish the alignment of the two cohorts, CSAT took the following steps:

- The second cohort of ATTCs, whose current project periods were to end March 31, 2006, were asked to submit a non-competing continuation application for a 6-month period. This means the grants in this cohort will end on September 29, 2006 (rather than March 30, 2007), thereby bringing them into alignment with the first cohort. In this way, all 15 current ATTC projects will end on September 29, 2006.
- CSAT announced a 1-year program supplement for the ATTC program. Applicants were limited to the current 15 ATTC grantees, and awards are now being issued for the 1-year period that will run from September 30, 2006, to September 29, 2007. These awards are listed below.

Institute for Research, Education & Training in Addictions	Pittsburgh	PA	\$435,534
--	------------	----	-----------

Virginia Commonwealth University	Richmond	VA	\$435,534
Brown University	Providence	RI	\$408,916
University of Nevada	Reno	NV	\$435,534
University of Texas Austin	Austin	TX	\$435,534
Oregon Health Sciences University	Portland	OR	\$435,534
Danya Institute, Inc.	Silver Spring	MD	\$435,534
Universidad Central del Caribe	Bayamon	PR	\$435,534
Morehouse School of Medicine	Atlanta	GA	\$435,534
Florida Certification Board	Tallahassee	FL	\$435,534
Curators, University of Missouri	Kansas City	MO	\$435,534
Curators, University of Missouri (National Office)	Kansas City	MO	\$435,534
University of Illinois at Chicago	Chicago	IL	\$435,534
Regents of the University of California	Los Angeles	CA	\$435,534
University of Iowa	Iowa City	IA	\$435,534

Appendix C

Preview Of CSAT's Anticipated FY 2007 Funding Opportunities*

Program Name	Estimated Funding Available	Estimated Number & Size of Awards
Recovery Community Services Program (RCSP)	\$2.9 million	8 Approx. \$350,000
State Infrastructure Grants for Tx. of Persons with Co-Occurring Substance and Mental Disorders (COSIG)	\$3.3 million	3 Approx. \$1 million
Targeted Capacity Expansion Program for Substance Abuse Tx. & HIV/AIDS Services (TCE/HIV)	\$32.1 million	65 Approx. \$500,000
TCE/Methamphetamine/ Access to Recovery (ATR) Methamphetamine	\$ 25 million	50 Approx. \$500,000
Addiction Technology Transfer Centers (ATTC)	\$8.1 million	15 Approx. \$500,000
Access to Recovery (ATR) Choice Incentive Program (CIP)	\$70.5 million	25 Approx. \$1-\$5 million

** All of the information provided in this chart is projected based on SAMHSA's request in the FY 2007 President's Budget. Some or all of this information could change with the receipt of an FY 2007 appropriation.*